

# **MY HEALTH LA (MHLA)**

## **One-e-App (OEA) Read Only Training**

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**LOS ANGELES  
COUNTY  
DEPARTMENT OF  
HEALTH SERVICES  
(DHS)**



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2. Verifying MHLA Enrollment in One-e-App (OEA)\*
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# 1. What is the My Health LA (MHLA) program?



# What is My Health LA (MHLA)?

- Primary Care Program for the low-income, uninsured in Los Angeles County based at one of over 200 contracted Community Partner clinics.
- Funded by Los Angeles County Board of Supervisors - \$65 million per year
- 147,433 enrolled as of June 30, 2018.
- MHLA is not insurance.



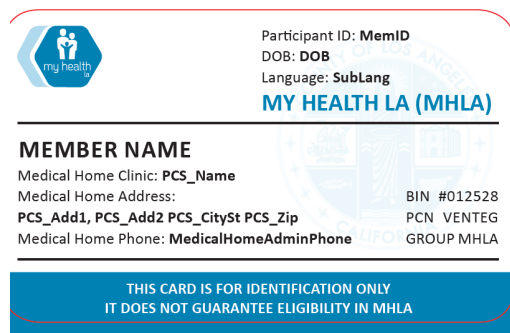
# MHLA Eligibility Criteria

- Age 19 & over
- Household income at/below 138% of the Federal Poverty Level (FPL)
- Must be a current Los Angeles County Resident
- Lack of/or inability to access health insurance, including full scope Medi-Cal or Covered California.
- Those with restricted Medi-Cal or Hospital Presumptive Eligibility (HPE) are **eligible** to enroll in MHLA.



# Primary Care Medical Homes

- Participants select a primary care Medical Home clinic at time of enrollment and keep it for 12 months
- Must renew their MHLA coverage every 12 months
- A participant can change their Medical Home within 30 days of enrollment or for other reasons.
- Receive Member ID Card & MHLA Handbook.



# How do MHLA patients enroll?

- Eligible individuals enroll in My Health LA by visiting one of our 200+ Medical Home clinic sites.
- A web-based eligibility and enrollment system called **One-e-App** is used to process applications.
- A person is enrolled in MHLA as soon as the application is successfully completed in One-e-App (same day approval).



## MHLA Patients at DHS

- A MHLA enrolled person may not have a second primary care physician at DHS.
- If they do, they will be disempaneled from DHS
- They can continue coming to DHS for no-cost emergency, urgent, inpatient and specialty care services at DHS.
- MHLA participants should not be seen or scheduled at DHS Continuing Care Clinics (CCC) or primary care clinics.





# MHLA and Pharmacy

- Prescriptions written by the patient's MHLA primary care Medical Home will be provided by the clinic's dispensary or pharmacy, or through the MHLA retail pharmacy network.
- Prescriptions written by a DHS physician (i.e. in a DHS emergency room or by a DHS specialty care doctor) must be filled at a DHS pharmacy.



# Quick Facts

- Do not charge or bill a MHLA enrolled patient for services rendered at DHS.
- Do not do an ATP screening for an actively enrolled MHLA participant.
- Do Not fill prescriptions (including DME) written by non-DHS providers.
- Do Not turn away a MHLA patient who is presenting for a scheduled specialty care appointment.
- Do screen MHLA patients for Restricted Medi-Cal and HPE.
- Do fill prescriptions written by a DHS provider at a DHS facility at no cost to MHLA enrolled patients.
- Do refer MHLA participants back to their primary care Medical Home after a visit at DHS.
- Do let the MHLA program know if CPs are routinely sending MHLA patients to DHS for Primary Care.



# PFS Memo 29-14 on MHLA

COUNTY OF LOS ANGELES- DEPARTMENT OF HEALTH SERVICES

## REVENUE MANAGEMENT

September 9, 2014

**PFS MEMO 29-14**

**TO:** Directors, PFS Divisions

**FROM:** *J.D.R.*  
Jose Rios, Manager  
Eligibility and Provider Services

**SUBJECT:** MY HEALTH LA (MHLA)

☒ For Implementation

Effective October 1, 2014

☒ Attachment(s)

.. Sample - My Health LA Identification Card

### COMMENT/CLARIFICATION/CHANGE

- .. The intent of this memo is to provide information regarding the My Health LA (MHLA) Program that will start on October 1, 2014. This program evolved from the Public Private Partnership and was formally known as the Healthy Way LA – Unmatched Program.

The MHLA Program is not health insurance; it is a no-cost primary care program run by the County of Los Angeles that will serve the healthcare needs of eligible uninsured patients in Los Angeles (LA) County through a network of 50 Community Partner (CP) agencies representing approximately 165 sites. DHS will not be enrolling patients into MHLA. However, DHS can refer non-empaneled patients to apply for MHLA at a CP site.

- .. To be eligible for the MHLA Program, a patient must:
- Enroll in and receive their primary care from a CP clinic;



# Verifying MHLA Enrollment in One-e-App



# One-e-App Screens

<https://www.assistedoneeapp.org/>

- *Click on preferred language*



# One-e-App Screens

<https://www.assistedoneeapp.org/>

Enter User ID: e (employee#) .lac

Enter Password: \*\*\*\*\*, Click on Next

*Prior to 5 failed attempts  
select '[Click here](#)' to reset PW.*

*After 5 failed attempts you'll  
be locked-out. Contact  
Enterprise Help Desk at  
323-409-8000.*

The screenshot shows the One-e-App login interface. At the top, there's a yellow header with the 'oneeapp' logo and the tagline 'One Stop Access to Apply for Assistance'. To the right of the header are links for 'English | Español' and a 'logout' button. Below the header, there's a 'Change Font Size' section with three icons. The main content area is titled 'User Login' and contains instructions: 'Please login using the User Name (with county extension) and password that were assigned to you. Example User Name: For a User Name of "caa" and County ID of "ccc" enter "caa.ccc" User Name.' Below this are two input fields: 'User ID' with the value 'e485984.lac' and 'Password' with masked characters. A link '[Click here](#) if you have forgotten your password.' is located below the password field. At the bottom right, there is a green 'Next' button. Red arrows from the text above point to the 'User ID' field, the 'Password' field, the 'Click here' link, and the 'Next' button.

English | Español

logout

Change Font Size A A A

### User Login

Please login using the User Name (with county extension) and password that were assigned to you.  
Example User Name: For a User Name of "caa" and County ID of "ccc" enter "caa.ccc" User Name.

User ID

Password

[Click here](#) if you have forgotten your password.

Next



# One-e-App Screens

*Click on Conduct Application Search*

The screenshot displays the One-e-App web application interface. At the top, there is a yellow header bar with the "oneeapp" logo, the tagline "One Stop Access to Apply for Assistance", and links for "English | Español" and "logout". Below the header, a "Change Font Size" section includes three icons (A, A, A) and the text "Welcome to my oneeapp Leonor Orr !".

The main content area is divided into two columns. The left column contains a sidebar with several sections, each with a search icon and a title:

- Search for an Application...**: Includes a search input field and a "Search" button.
- Application Assistance...**: Includes a list of links: "Conduct Application Search", "Search Disenrolled Persons", "Print Document Coversheet", "Print/Re-print forms", and "View Notes".
- Enrollment Assistance...**: Includes a link: "Update Applicant Data".
- Caseload...**: Includes links: "Expired Applications" and "View Application Workflow History".
- Outreach...**: Includes links: "View Messages", "View Reminders", "View Faxes", and "View Ticklers".
- Administration...**: Includes links: "Disenroll Program Enrollees", "View Notes", and "View Scanned Documents".

The right column contains a "My Account" section with a "Minimize" button and a list of links: "Change Password", "Change Secret Question", "Change Font Size", "Modify My Profile", and "Set/Change Default Location".

A red arrow points from the text "Click on Conduct Application Search" to the "Conduct Application Search" link in the "Application Assistance..." section of the sidebar.



# One-e-App Screens

*Searchable fields - Primarily: App ID, PID, Name, Gender & DOB*

English | Español

logout

Menu

Change Font Size A A A

## Search for an Application

Please enter a unique identifier or at least two personal criteria to search for a case

Search Type

Result Type

**Unique Identifier**

Application ID

Person ID

Social Security Number

**Person Detail**

First Name

Middle Name

Last Name

Suffix

Gender ☐ Male ☐ Female

Date of Birth

Mothers Maiden Name

**Contact Detail**

Phone 1

Phone 2

E-Mail Address 1

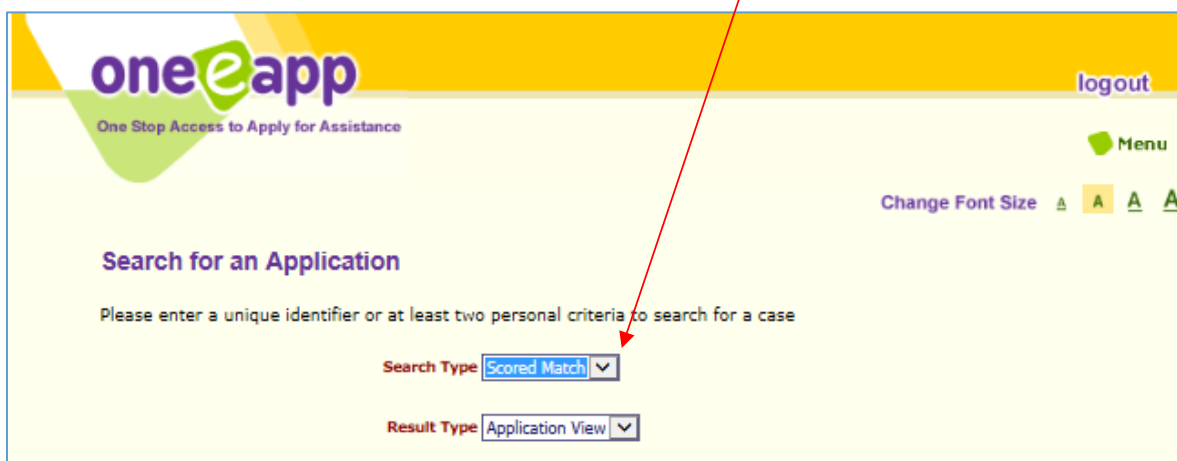
E-Mail Address 2





# One-e-App Screens

*Click on Search Type drop down menu and select Scored Match. Enter.*



The screenshot shows the One-e-App web interface. At the top left is the logo "oneeapp" with the tagline "One Stop Access to Apply for Assistance". At the top right are links for "logout" and "Menu". Below the logo, there is a section titled "Search for an Application" with the instruction "Please enter a unique identifier or at least two personal criteria to search for a case". Below this instruction are two dropdown menus: "Search Type" and "Result Type". The "Search Type" dropdown menu is currently set to "Scored Match", and a red arrow points to it from the instruction text above. The "Result Type" dropdown menu is currently set to "Application View".

oneeapp  
One Stop Access to Apply for Assistance

logout

Menu

Change Font Size A A A

**Search for an Application**

Please enter a unique identifier or at least two personal criteria to search for a case

Search Type **Scored Match** ▼

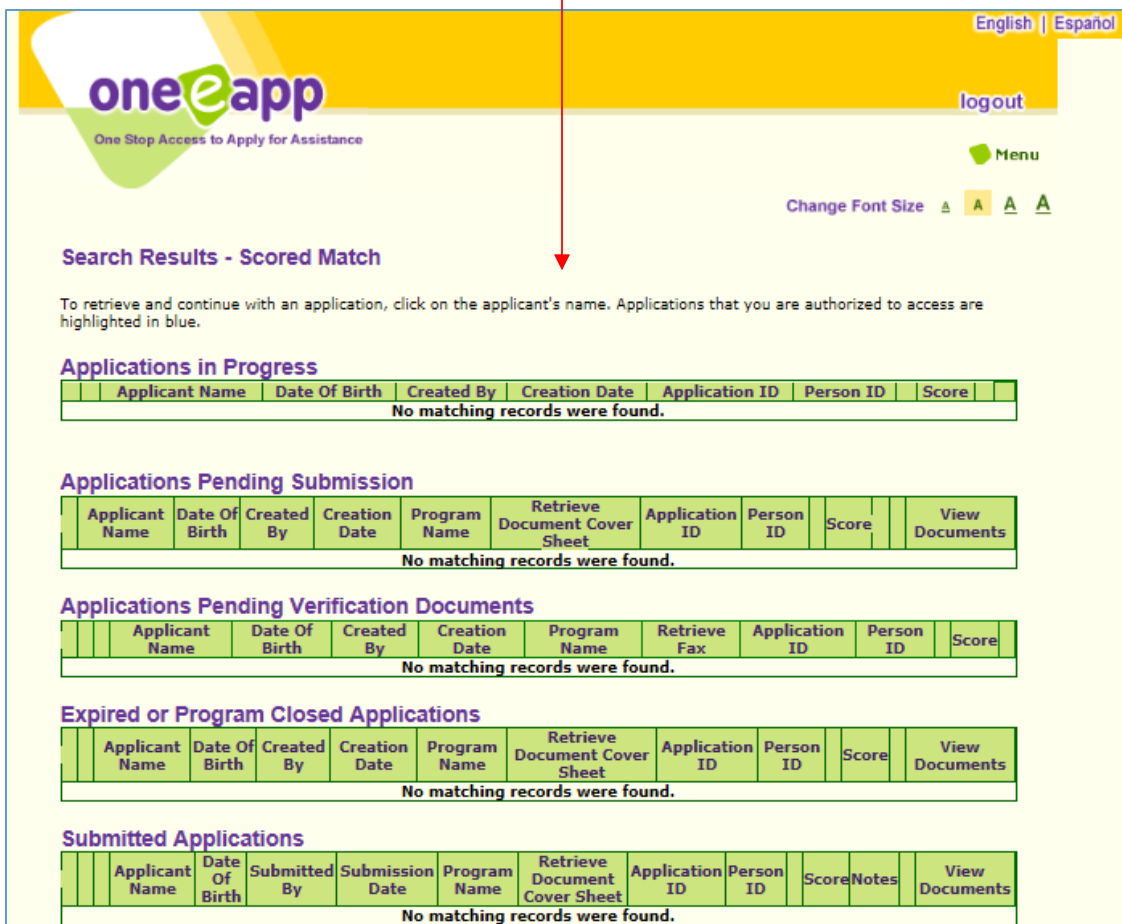
Result Type **Application View** ▼



# One-e-App Screens

## Sample of Search Result

### No Record Found



English | Español

oneeapp  
One Stop Access to Apply for Assistance

logout

Menu

Change Font Size A A A

#### Search Results - Scored Match

To retrieve and continue with an application, click on the applicant's name. Applications that you are authorized to access are highlighted in blue.

#### Applications in Progress

Applicant Name	Date Of Birth	Created By	Creation Date	Application ID	Person ID	Score
No matching records were found.						

#### Applications Pending Submission

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	View Documents
No matching records were found.									

#### Applications Pending Verification Documents

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
No matching records were found.								

#### Expired or Program Closed Applications

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	View Documents
No matching records were found.									

#### Submitted Applications

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
No matching records were found.										

# One-e-App Screens

## Sample of Search Result

### Record Found



English | Español

logout

Menu

Change Font Size A A A

**Search Results - Scored Match**

To retrieve and continue with an application, click on the applicant's name. Applications that you are authorized to access are highlighted in blue.

**Applications in Progress**

Applicant Name	Date Of Birth	Created By	Creation Date	Application ID	Person ID	Score
No matching records were found.						

**Applications Pending Submission**

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	View Documents
No matching records were found.									

**Applications Pending Verification Documents**

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
No matching records were found.								

**Expired or Program Closed Applications**

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	View Documents
<input type="checkbox"/> Manuel Torres	6/28/1999	Raquel Mendoza	1/28/2015	N/A	N/A	19002201502708674	31900202255019152	99.00	N/A

**Submitted Applications**

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
<input type="checkbox"/> Manuela Torres	2/19/1969	Maria M Mendoza	9/25/2015	Medi-Cal - Restricted No Share of Cost	Fax	190022015267004003	31900201010267151	100.00		N/A
<input type="checkbox"/> Manuela Torres	2/19/1969	Maria M Mendoza	9/25/2015	My Health LA - Medi-Cal - Restricted No Share of Cost	Fax	190022015267004003	31900201010267151	100.00		N/A
<input type="checkbox"/> Manuela Torres	2/19/1969	Maria M Mendoza	10/29/2015	Medi-Cal - Restricted No Share of Cost	Fax	19002201530100944	31900201010267151	100.00		
<input type="checkbox"/> Manuela Torres	2/19/1969	Maria M Mendoza	10/29/2015	My Health LA - Medi-Cal - Restricted No Share of Cost	Fax	19002201530100944	31900201010267151	100.00		
<input type="checkbox"/> Manuela Torres	2/19/1969	Maria M Mendoza	4/10/2017	Medi-Cal - Restricted No Share of Cost	Fax	19002201709900363	31900201010267151	100.00		
<input type="checkbox"/> Manuela Torres	2/19/1969	Maria M Mendoza	4/10/2017	My Health LA - Medi-Cal - Restricted No Share of Cost	Fax	19002201709900363	31900201010267151	100.00		

**Look only in Submitted Applications for Approved or Denied Status.**



# One-e-App Screens

***If you select Applicants Name you will see the patient's:  
Disposition, Medical Home and Coverage Period:***

Medi-Cal  
Referral **ONLY**

## Submitted Applications

		Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
<input type="checkbox"/>		Mario Smith	11/2/1966	Raymond T Plaza	8/2/2018	Medi-Cal - Restricted No Share of Cost	Fax	19002201821200114	31900201020212183	100.00		
<input type="checkbox"/>		Mario Smith	11/2/1966	Raymond T Plaza	8/2/2018	My Health LA	Fax	19002201821200114	31900201020212183	100.00		

**Disposition: Approved MHLA**

**Medical Home: El Proyecto Del Barrio-Arleta**

**Coverage Period: 8/02/2018 - 8/01/2019**

## Disposition Detail:

Application ID: 19002201821200114

Applicant Name	Program Name	Disposition	Medical Home	Coverage Period
▶ Smith, Mario	My Health LA	Approved	EL PROYECTO DEL BARRIO-ARLETA	08/02/2018 - 08/01/2019

Print | Generate Notice

Coverage period is for entire month regardless of enrollment or disenrollment date



# One-e-App Screens

***If you select Applicant Name you will see the patient's:  
Disposition, Medical Home and Coverage Period:***

**Submitted Applications**

			Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Document
<input type="checkbox"/>		R	Meiping Chiang	11/9/1964	Thuan T Hong	8/26/2015	Medi-Cal - Restricted No Share of Cost	Fax	190022015237014193	1900201123237159	100.00		
<input type="checkbox"/>		R	Meiping Chiang	11/9/1964	Thuan T Hong	8/26/2015	My Health LA	Fax	190022015237014193	1900201123237159	100.00		
<input type="checkbox"/>		R	Meiping Chiang	11/9/1964	Sherry Ng	7/29/2016	My Health LA	Fax	190022016210059863	1900201123237159	100.00		
<input type="checkbox"/>		R	Meiping Chiang	11/9/1964	Silvia Sandoval	8/22/2017	My Health LA	Fax	190022017233017963	1900201123237159	100.00		
<input type="checkbox"/>			Meiping Chiang	11/9/1964	Silvia Sandoval	6/19/2018	My Health LA	Fax	190022018169040013	1900201123237159	100.00		
<input type="checkbox"/>			Meiping Chiang	11/9/1964	Silvia Sandoval	6/19/2018	My Health LA	Fax	190022018169043163	1900201123237159	100.00		

**Disposition: Approved MHLA**

**Medical Home: Herald Christian Health Center**

**Coverage Period: 8/26/2015 - 8/25/2019**

Shows entire coverage period with no break in coverage.

## Disposition Detail:

Application ID: 19002201816904316

	Applicant Name	Program Name	Disposition	Medical Home	Coverage Period
▶	Chiang, Meiping	My Health LA	Approved	HERALD CHRISTIAN HEALTH CENTER-ROSEMEAD	08/26/2015 - 08/25/2019



# One-e-App Screens

**Results for this applicant reveals multiple past activities in the Application.  
There are two applicants included in this Application.**

## Submitted Applications

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
<input type="checkbox"/>	Igor Stravinsky	3/15/1988	Raymond T Plaza	6/1/2018	Medi-Cal - Restricted No Share of Cost	Fax	19002201815100023	31900201002151184	100.00		
<input type="checkbox"/>	Igor Stravinsky	3/15/1988	Raymond T Plaza	6/1/2018	My Health LA	Fax	19002201815100023	31900201002151184	100.00		
<input type="checkbox"/>	Igor Stravinsky	3/15/1988	Raymond T Plaza	6/1/2018	N/A	Fax	19002201815100023	31900201002151184	100.00		
<input type="checkbox"/>	Igor Stravinsky	3/15/1988	Raymond T Plaza	6/1/2018	Medi-Cal - Restricted No Share of Cost	Fax	19002201815100049	31900201002151184	100.00		
<input type="checkbox"/>	Igor Stravinsky	3/15/1988	Raymond T Plaza	6/1/2018	My Health LA	Fax	19002201815100049	31900201002151184	100.00		
<input type="checkbox"/>	Igor Stravinsky	3/15/1988	Raymond T Plaza	6/1/2018	N/A	Fax	19002201815100049	31900201002151184	100.00		
<input type="checkbox"/>	Igor Stravinsky	3/15/1988	Raymond T Plaza	6/13/2018	Medi-Cal - Restricted No Share of Cost	Fax	19002201816300085	31900201002151184	100.00		
<input type="checkbox"/>	Igor Stravinsky	3/15/1988	Raymond T Plaza	6/13/2018	My Health LA	Fax	19002201816300085	31900201002151184	100.00		
<input type="checkbox"/>	Igor Stravinsky	3/15/1988	Raymond T Plaza	6/13/2018	N/A	Fax	19002201816300085	31900201002151184	100.00		
<input type="checkbox"/>	Igor Stravinsky	3/15/1998	Ernesto Reynoso	N/A	Not Preliminarily Eligible for Programs in One-e-App County	N/A	19002201821200023	31900201002151184	100.00		
<input type="checkbox"/>	Igor Stravinsky	3/15/1998	Ernesto Reynoso	8/1/2018	My Health LA	Fax	19002201821200031	31900201002151184	100.00		

Select

**Enrollment Status: The applicant is currently denied for MHLA.**

**Enrollment Status: Other household applicant is approved and is currently enrolled in MHLA.**

## Disposition Detail:

Application ID: 19002201816300085

Applicant Name	Program Name	Disposition	Medical Home	Coverage Period
Stravinsky, Igor	My Health LA	Denied	VENICE-VENICE	N/A
Stravinsky, Gloria Bonert	My Health LA	Approved	VENICE-VENICE	06/13/2018 - 06/12/2019

# One-e-App Screens

To view Enrollment History in the OEA Application select the Person ID (PID):

## Submitted Applications

			Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
<input type="checkbox"/>		R	Red Car	1/1/1987	Aparna Chaudhary	7/26/2018	Medi-Cal - Restricted No Share of Cost	Fax	19002201820600066	31900201013206186	100.00		N/A
<input type="checkbox"/>		R	Red Car	1/1/1987	Aparna Chaudhary	7/26/2018	My Health LA	Fax	19002201820600066	31900201013206186	100.00		N/A
<input type="checkbox"/>		R	Red Car	1/1/1987	Aparna Chaudhary	7/26/2018	N/A	Fax	19002201820600066	31900201013206186	100.00		N/A
<input type="checkbox"/>			Red Car	1/1/1987	Aparna Chaudhary	7/26/2018	My Health LA	Fax	19002201820600249	31900201013206186	100.00		N/A

Select PID:

Select most current (bottom) APP ID:

## Current Enrollment Status

Minimize

Program Name	Status	Coverage Period	Termination Date	Termination Reason
Medi-Cal - Restricted No Share of Cost		N/A	N/A	
My Health LA	Approved	08/27/2017 - 08/26/2019	N/A	N/A

## Enrollment History

Minimize

Application ID	Program Name	Status	Coverage Period	Termination Date	Termination Reason
<a href="#">19002201820600066</a>	Medi-Cal - Restricted No Share of Cost	Completed	N/A	N/A	
<a href="#">19002201820600066</a>	My Health LA	Completed	08/27/2017 - 08/26/2018	N/A	N/A
<a href="#">19002201820600249</a>	My Health LA	Completed	08/27/2018 - 08/26/2019	N/A	N/A

Next Screen →



# One-e-App Screens

*This is the next screen which shows the enrollment history of the household.*

Click down arrow

Applicant Name	Program Name	Disposition	Disposition Date	Medical Home	Denial/Disenroll Reasons	Coverage Period	Disenrollment Date	Comments
<a href="#">Car, Red</a>	My Health LA	Approved	07/26/2018	VENICE- VENICE	N/A	10/11/2018 - 10/10/2019	N/A	N/A
<b>Application(s)</b>								
19002201820600066(NEW)		Approved	08/27/2017	Primary	N/A	08/27/2017 - 08/26/2018	N/A	
1900220182060024 (READD)		Approved	10/11/2018	Primary	N/A	10/11/2018 - 10/10/2019	N/A	
▶ <a href="#">Car, Blue</a>	My Health LA	Approved	10/11/2018	QUEENSCARE- HOLLYWOOD	N/A	10/11/2018 - 10/10/2019	N/A	N/A
▶ <a href="#">Car, Black</a>	My Health LA	Approved	10/11/2018	VENICE- SINNS/NANN	N/A	10/11/2018 - 10/10/2019	N/A	N/A
▶ <a href="#">Car, Brown</a>	My Health LA	Approved	10/11/2018	ST. JOHN'S- COMPTON	N/A	10/11/2018 - 10/10/2019	N/A	N/A
▶ <a href="#">Car, Pink</a>	My Health LA	Approved	10/11/2018	ST. JOHN'S- DR. KENNETH WILLIAMS	N/A	10/11/2018 - 10/10/2019	N/A	N/A

## ***Enrollment History of Participant 'Red Car':***

- ***Enrolled on 8/27/2017***
- ***Disenrolled on 8/26/2018 (Break in coverage)***
- ***Readded on 10/11/2018***
- ***MHLA enrolled 10/11/2018 – 10/10/2019***





## 6. MHLA Resources



## What is the My Health LA program?

- **My Health LA** is a **NO-COST** health care program for low-income residents of Los Angeles County who do not have health insurance.
- **My Health LA** is a program where members can get ongoing, quality health care from a team of health care providers at community clinics.
- **My Health LA** is a way for uninsured County residents to get healthy and stay healthy!

## Who is eligible for My Health LA?

**My Health LA** is for people:

- ✓ Who live in Los Angeles County
- ✓ Age 19 and older
- ✓ Meet income requirements (see back of fact sheet)
- ✓ Lack or not eligible for health insurance

**My Health LA** is **NOT** health insurance—  
If you have health insurance, do not drop it!

## How can I find out if I am eligible? Where I can enroll?

- **Call Member Services at 1-844-744 6452 (MHLA).** Member Services is open from 8:00 am to 5:00 pm Monday through Friday.
- **Call your medical home clinic in advance to schedule an appointment or to enroll.** Make sure the clinic is accepting new patients. It is free to apply!
- **For more information, visit:** [dhs.lacounty.gov/mhla](http://dhs.lacounty.gov/mhla)



## What health care can I get though **My Health LA**?

- **My Health LA** members get **FREE** basic medical care that includes:
  - ✓ Ongoing Primary Preventive Care and Health Screenings
  - ✓ Health Information and Advice
  - ✓ Specialty Care at Department of Health Services (DHS)
  - ✓ Hospital inpatient, urgent & emergency care at DHS clinics & hospitals
  - ✓ Prescription Medicines
  - ✓ Alcohol and Drug Abuse Treatment Services
  - ✓ Laboratory Services and Tests
  - ✓ Other Related Health Care Services
- **My Health LA** members can get primary medical care at one of 193 participating community clinic sites in Los Angeles County.

## What are some of the benefits of **My Health LA**?

- **My Health LA** is patient-centered care. Members will choose a Medical Home Clinic, and will receive ongoing care at that clinic throughout the year. You may only have one Medical Home clinic in the **My Health LA** program.
  - ✓ A Medical Home is a clinic where patients see a primary care doctor or a nurse who knows their patients and understands their medical history.
- **My Health LA** members can choose a Community Clinic and can make their own appointments at that clinic.
- You don't have to wait until you are sick to get medical care—you can get free check-ups and preventive care at your medical home clinic.
- You get an ID card to show you are a member of **My Health LA**.
- You can call the toll-free Member Services line from 8:00 am to 5:00 pm Monday through Friday. Agents can assist you in many languages.



# MHLA Website

My Health LA

Find A Clinic

**For MHLA Members**

For Community Partners

Partnering with DHS

Contact Us



For Members

Welcome Packet

Fact Sheets

Newsletter

## For My Health LA Members

**My Health LA** provides no cost primary care services to:

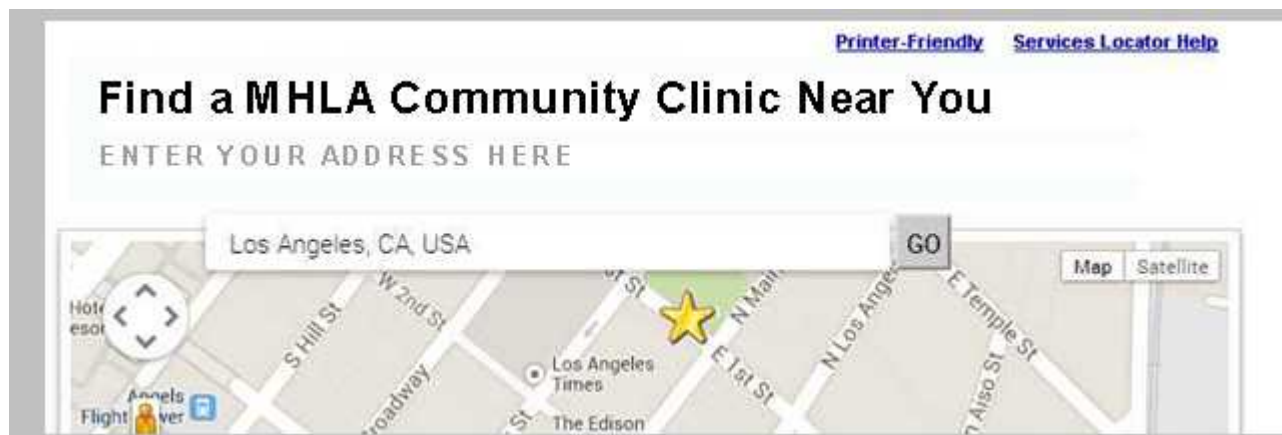
- People who live in Los Angeles County
- Age 6 and older
- People with incomes below a monthly limit, click [here](#)
- people that do not have health insurance and cannot get health insurance

<http://dhs.lacounty.gov/MHLA>



# MHLA Clinic Search

## Find a MHLA Community Clinic Near You



<http://dhs.lacounty.gov/wps/portal/dhs/mhla/findaclinic>

If a clinic appears on this search map, it is open to new MHLA patients.



## Contact MHLA

**If you are having problems reading a patient's current eligibility status in One-e-App, please call Member Services at:**

**(844) 744-6452**

**If your One-e-App account becomes deactivated,  
contact the Enterprise Help Desk at:**

**(323) 409-8000  
helpdesk@dhs.lacounty.gov**



# Questions?

